



ITW

**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

**Susumu IKEHARA et al**

Conf. No.: **4252**

Appln. No.: **10/786,094**

Group Art Unit: **1644**

Filed: **February 26, 2004**

Examiner: **Unknown**

For: **TREATMENT OF MALIGNANT TUMOR**

**THIRD REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

**ATTN:** Office of Initial Patent Examination  
Filing Receipt Correction  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We enclose a copy of the Corrected Official Filing Receipt for the above-identified application and request the following correction:

"Yasushi Adachi, Moriguchi-san, JAPAN", should be  
-- Yasushi Adachi, Moriguchi-shi, JAPAN --.

Verification for the requested correction is indicated on the original Declaration and Power of Attorney filed February 26, 2004 (a copy of which, along with the date-stamped mailroom receipt therefor) is attached.

Respectfully submitted,

  
Gordon Kit

Registration No. 30,764

**SUGHRUE MION, PLLC**

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WASHINGTON OFFICE

**23373**

CUSTOMER NUMBER

Date: October 13, 2004



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/786,094	02/26/2004	1644	770	Q79949	2	14	3

CONFIRMATION NO. 4252

CORRECTED FILING RECEIPT



\*OC000000013684771\*

23373  
 SUGHRUE MION, PLLC  
 2100 PENNSYLVANIA AVENUE, N.W.  
 SUITE 800  
 WASHINGTON, DC 20037

Date Mailed: 09/01/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Susumu Ikehara, Osaka-shi, JAPAN;  
 Yasushi Adachi, Moriguchi-san, JAPAN;  
 Yasuhiro Suzuki, Osaka-shi, JAPAN;

**Assignment For Published Patent Application**

KANSAI TECHNOLOGY LICENSING ORGANIZATION CO., LTD.  
 JAPAN IMMUNORESEARCH LABORATORIES CO., LTD.

**Power of Attorney:** The patent practitioners associated with Customer Number **23373**.

**Domestic Priority data as claimed by applicant**

**Foreign Applications**

JAPAN 2003-49198 02/26/2003

**If Required, Foreign Filing License Granted:** 05/17/2004

The number of your priority application, to be used for filing abroad under the Paris Convention is,  
**US10/786,094**

**Projected Publication Date:** Not Applicable

**Non-Publication Request:** No

Early Publication Request: No

Title

Treatment of malignant tumor

Preliminary Class

424

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**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

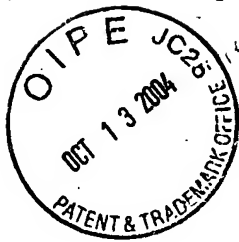
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REQUEST FOR EARLY NOTIFICATION OF SERIAL NUMBER

Inventor(s): Susumu IKEHARA, Yasushi ADACHI, and Yasuhiro SUZUKI

Title: TREATMENT OF MALIGNANT TUMOR

Atty Doc. #: Q79949 Client: SAEGUSA INTERNATIONAL  
PATENT OFFICE

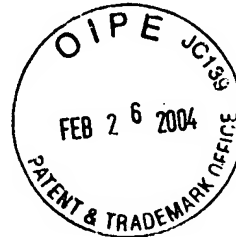
Filing Date: February 26, 2004 # Pgs. Spec/Abst: 35/1 #Claims: 14

# Dwg. Sheets: 2 Decl yes Prelim Amdt no

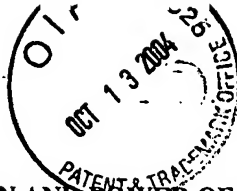
IDS/Prior Art: no Pr Doc: yes(1) Asgmt: yes PTO Form 1595: yes  
Fee: \$770/\$40

☒ Check Attached ☐ Charge to Deposit # 19-4880 Atty/Sec:  
GK/rss

SERIAL NO.:



CONF NO.:



**DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATMENT OF MALIGNANT TUMOR

the application of which

☒ is attached hereto

OR

☐ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ (Confirmation No. \_\_\_\_\_), and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Claimed	
			Yes	No
<u>2003-49198</u>	<u>Japan</u>	<u>26/02/2003</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)	U.S. or International Filing Date	Status
_____	_____	_____

I hereby appoint all attorneys of **SUGHRUE MION, PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.



**23373**

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>			
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Family Name or Surname			
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address:			
City		State	
Zip		Country	
<b>NAME OF FIFTH INVENTOR:</b>			
Given Name (first and middle [if any])			
Family Name or Surname			
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address:			
City		State	
Zip		Country	